

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF	DARRYL ORRIN BAKER	COURT CASE NUMBER	CA-05-0147 ERIE
DEFENDANT	OFFICER B. WESEMEN	TYPE OF PROCESS	CIVIL
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>OFFICER B. WESEMEN</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>FCI MCKEAN P.O. BOX 8000 BRADFORD, PA. 16701</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<input checked="" type="checkbox"/> DARRYL ORRIN BAKER REG. NO. # 19613-039 FEDERAL PRISON CAMP P.O. BOX 2000 <input checked="" type="checkbox"/> LEWISBURG, PA 17837		Number of parties to be served in this case	7
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

SCAN

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Darryl Baker</i>	<input type="checkbox"/> DEFENDANT		9/13/2005

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date <i>10/3/05</i>	Time <i>10:00 am</i>
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Service Fee <i>JOB</i>	Total Mileage Charges including endorsements	Forwarding Fee	Total Charges <i>JOB</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: *SK mailed 9-28-01 9842 809 2388*

## PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment.  
If any amount is owed, please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

2. Article Number



7160 3901 9842 8019 7388

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

OFFICER B. WESENEN  
FCI MCKEAN  
P.O. BOX 3000  
BRADFORD, PA. 16701

5-147, S/C, 9/28/05, SAB

PS Form 3811, January 2003

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Drazen

B. Date of Delivery

10-3-05

C. Signature

X A

Agent  
 Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes  
 No

RECORDED